

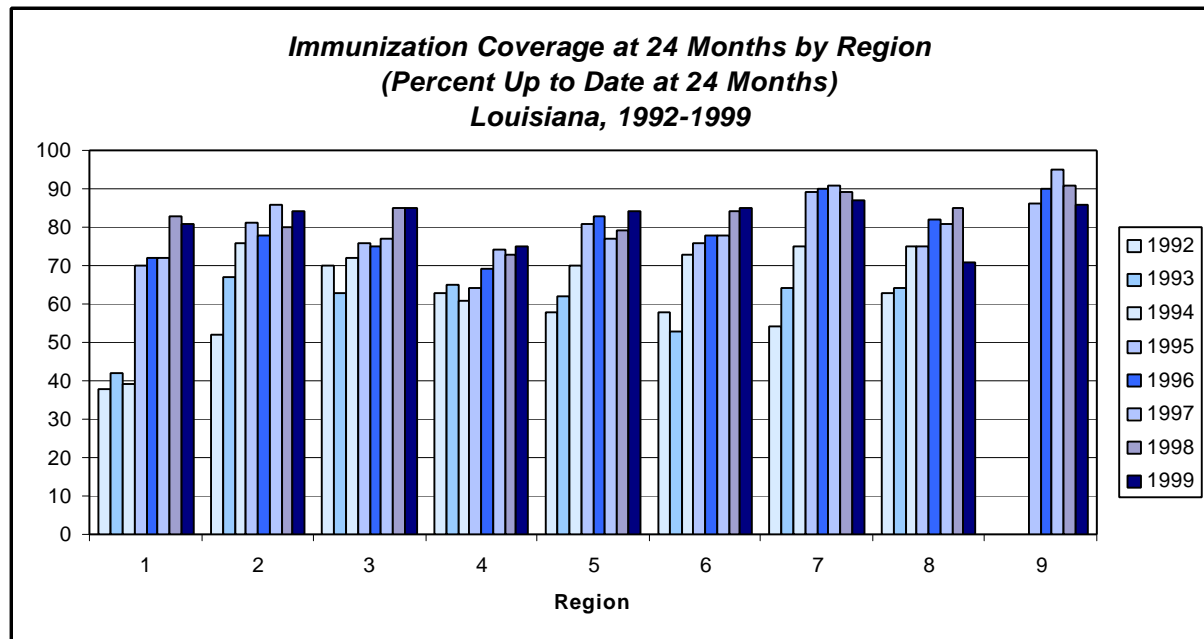


III. HEALTH ASSESSMENT PROGRAMS



A. IMMUNIZATION COVERAGE

The Immunization Program of the Office of Public Health conducts periodic assessments to determine the immunization coverage rates throughout the state. As the graph below displays, rates of coverage have been steadily increasing since 1992, though there have been year to year variations.

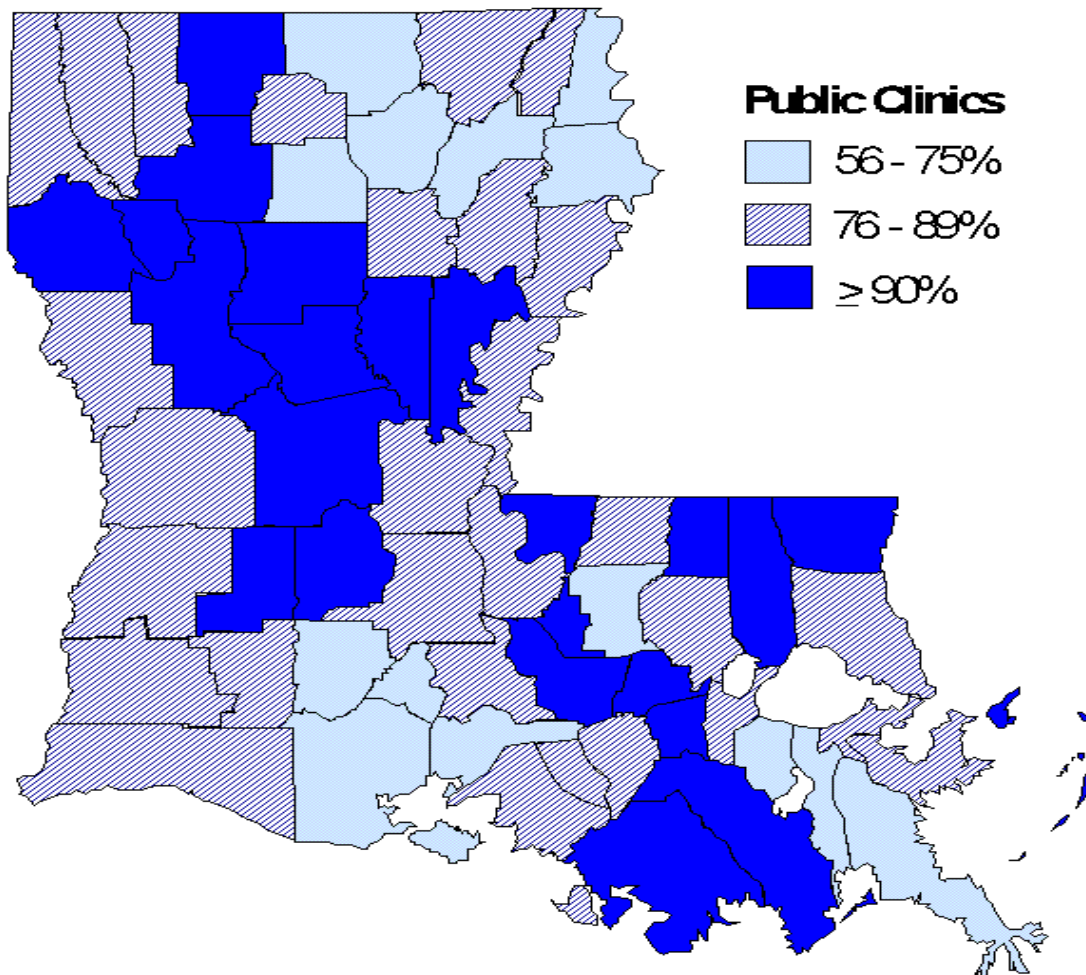


Source: Louisiana Office of Public Health, Immunization Program

The map on the following page displays the percent of immunization coverage at 24 months of age among those served in public clinics. East Carroll and Plaquemines parishes have the lowest immunization coverage rates in the state (see following table).



**Percent of Immunization Coverage at 24 Months of Age
Among Children Served in Public Clinics
Louisiana, 1999**



Source: Louisiana Office of Public Health, Immunization Program



Immunizations: Percent Up-To-Date at Age 24 Months* Louisiana, 1999-2000	
Clinic	%UTD 1999-2000 Results
Region I	
Orleans-Edna Pilsbury	98.3
Jefferson-Grand Isle	96.0
Orleans-Mandeville Detiege	96.0
Orleans-Mary Buck	94.9
Orleans-Katherine Benson	93.7
Orleans-Helen Levy	92.9
Orleans-St. Bernard Gentilly	87.7
Orleans-Ida Hymel	86.6
St. Bernard	80.3
Jefferson-Marrero	78.9
Plaquemines	70.0
Jefferson-Metairie	64.0
Region II	
Ascension-Gonzales	96.8
Ascension-St. Amant	96.4
Ascension-Donaldsonville	96.3
West Baton Rouge	93.4
West Feliciana	90.7
Iberville	90.0
East Feliciana-Clinton	88.8
Pointe Coupee	87.3
E. Baton Rouge	79.2
E. Baton Rouge-Baker	44.0
Region III	
St. John-Edgard	100.0
St. James-Vacherie	98.2
St. James-Lutcher	97.6
Lafourche-Galliano	96.8
Lafourche-Thibodaux	96.7
Terrebonne	89.9
St. Mary-Franklin	89.8
St. Mary-Morgan City	89.4
St. John-Reserve	89.3
Lafourche-Raceland	88.7
Assumption	75.9
St. Charles	61.4
Region IV	
Evangeline-Mamou	98.3
Evangeline-Ville Platte	96.7
St. Landry-Sunset	91.5
St. Landry-Melville	91.2
St. Landry-Eunice	90.4
St. Martin-St. Martinville	89.8
St. Landry-Opelousas	86.8
Vermillion-Gueydan	86.4
Acadia-Iota	85.1
St. Martin-Cecilia	79.6
Acadia Crowley	79.1
Vermillion-Erath	78.6
Acadia-Church Point	78.3
Vermillion-Abbeville	77.7
St. Martin-Breaux Bridge	76.3
Acadia-Rayne	74.5
Lafayette	72.2
Vermillion-Kaplan	70.2
Iberia-New Iberia	67.4
Iberia-Jeanerette	59.9

*Up-to-date includes 4 DTAP, 3 OPV or IPV, and 1 MMR



Immunizations: Percent Up-To-Date at Age 24 Months* Louisiana, 1999-2000	
Clinic	%UTD 1999-2000 Results
Region V	
Allen-Oakdale	94.6
Calcasieu-Sulphur	93.9
Allen-Oberlin	90.4
Calcasieu-Dequincy	88.0
Calcasieu-Lake Charles	85.5
Jefferson Davis	84.4
Beauregard	83.2
Cameron	82.9
Region VI	
Catahoula-Harrisonburg	99.1
LaSalle	96.6
Rapides	92.8
Grant	92.1
Winn	91.9
Catahoula-Joneville	91.0
Concordia-Vidalia	85.4
Vernon	85.2
Avoyelles-Bunkie	82.2
Concordia-Ferriday	81.3
Avoyelles-Marksville	78.1
Region VII	
Bienville-Ringgold	99.7
Red River	94.5
Claiborne	93.7
Webster-Springhill	93.3
DeSoto	92.7
Natchitoches	92.2
Bienville-Arcadia	91.5
Caddo-Vivian	89.2
Sabine	87.7
Webster-Minden	87.0
Bossier-Bossier City	84.2
Caddo-Shreveport	82.8
Region VIII	
Morehouse-Basdrop	84.1
Franklin-Winnsboro	81.5
West Carroll-Oak Grove	81.4
Ouachita-Monroe	78.9
Caldwell	78.6
Tensas-St. Joseph	76.9
Lincoln	75.8
Jackson-Jonesboro	70.4
East Carroll	68.9
Union	66.8
Richland-Rayville	65.7
Ouachita-West Monroe	65.3
Madison	62.8
Region IX	
St. Helena	100.0
Washington-Franklinton	100.0
Washington-Bogalusa	100.0
Tangipahoa-Hammond	97.1
Tangipahoa-Amite	96.6
St. Tammany-Covington	86.3
Livingston-Livingston	84.2
Livingston-Albany	83.8
St. Tammany-Slidell	78.4
Livingston-Denham Springs	78.2

*Up-to-date includes 4 DTAP, 3 OPV or IPV, and 1 MMR

Source: Louisiana Office of Public Health, Immunization Program



B. INFECTIOUS DISEASE SURVEILLANCE

Disease Surveillance

Surveillance of infectious diseases, chronic diseases, and injuries is essential to understanding the health status of the population and planning effective prevention programs. The history of the reporting and tracking of diseases that pose a risk to public health in the United States dates back more than a century. Fifty years ago, morbidity statistics published each week were accompanied by a statement “No health department, state or local, can effectively prevent or control diseases without the knowledge of when, where, and under what condition, cases are occurring.” Today, disease surveillance remains the primary tool for the gathering of information essential to controlling disease spread in the population. Achievement of the CENTERS FOR DISEASE CONTROL Healthy People 2000 Objectives depends in part on our ability to monitor and compare progress toward the objectives at the federal, state, and local levels.

Infectious disease surveillance activities are a primary function of the programs within the DEPARTMENT OF HEALTH AND HOSPITALS (DHH), OFFICE OF PUBLIC HEALTH (OPH). Many OPH programs exist to conduct disease surveillance for the state of Louisiana. A sampling of these programs includes the INFECTIOUS DISEASES EPIDEMIOLOGY PROGRAM, SEXUALLY TRANSMITTED DISEASES CONTROL PROGRAM, TUBERCULOSIS CONTROL PROGRAM, HIV/AIDS PROGRAM, and IMMUNIZATIONS PROGRAM.

Disease surveillance involves the collection of pertinent data, the tabulation and evaluation of the data, and the dissemination of the information to all who need to know. This process is a very important aspect of public health because its purpose is the reduction of morbidity. The immediate use of surveillance is for disease control; the long-term use is to assess trends and patterns in morbidity.

Surveillance also facilitates epidemiologic and laboratory research, both by providing cases for more detailed investigation or case-control studies, and by directing which research avenues are most important. Reports of unusual clusters of diseases are often followed by an epidemiological investigation to identify and remove any common source exposure or to reduce other associated risks of transmission.

Notifiable Diseases

Reporting of notifiable diseases to the health department is the backbone of disease surveillance in Louisiana and nationally. The Sanitary Code, State of Louisiana, Chapter II, entitled “The Control of Diseases,” charges the BOARD OF HEALTH to promulgate a list of diseases that are required to be reported, who is responsible for reporting, what information is required for each case of disease reported, what manner of reporting is needed, and to whom the information is reported.

Reporting of cases of communicable diseases is important in the planning and evaluation of disease prevention and control programs, in the assurance of appropriate medical therapy, and in the detection of common-source outbreaks. Surveillance data gathered through the reporting of notifiable diseases are used to document disease transmission, quantify morbidity and estimate trends, and identify risk factors for disease acquisition.

The HEALTH DEPARTMENT routinely follows-up selected diseases, either directly or through their physician or other health care provider. This follow-up is done to ensure initiation of appropriate therapy for the individual and prophylactic therapy for contacts of persons with infectious conditions. All reports are confidential.

Confidential disease reporting has been an essential element in monitoring and maintaining the health of the public in Louisiana. Through participation in disease-reporting, physicians and



other health care providers are integral to ensuring that public health resources are used most effectively.

Mandatory reporting is required for a number of infectious diseases, including sexually transmitted diseases, HIV/AIDS, tuberculosis, mumps, and many others. The following description of surveillance procedures for measles and rubella is typical of the procedures followed for all reportable diseases.

Surveillance for Measles and Rubella (German Measles)

All health care providers are required to report suspect cases of measles and rubella by phone immediately to their local public health unit. When a possible case is reported, local and statewide public health personnel are mobilized immediately to evaluate the case and to establish a rapid control effort in order to prevent the spread of the illness. All contacts are interviewed by phone or in person, and children and adults without adequate immunization are immediately vaccinated.

These diseases are very infectious and spread rapidly. One out of every ten measles cases requires hospitalization and one out of every thousand dies. Women who are infected with rubella during pregnancy have a high likelihood of having severely deformed babies. Women of childbearing age are encouraged to receive two doses of MMR vaccine (at least one month apart) at least three months prior to becoming pregnant.

A measles outbreak was identified in Louisiana in 1995, with 17 cases identified before disease spread was stopped. The outbreak lasted 37 days. Control of the outbreak required the examination of 35 suspected cases, a total of 3,252 phone calls, the immunization of 2,527 individuals, and active investigations at 28 sites (including day care centers, hospitals, and physicians' offices).

In Louisiana in 1998, 1 case of rubella and no cases of measles were reported.

Selected 1998 Results of Infectious Disease Surveillance

- During 1998, 30% of newly-detected HIV cases had already progressed to AIDS at the time of HIV detection and 73% of new cases were among African-Americans.
- The number of pertussis cases reported in Louisiana decreased 41% from 1997 and is the lowest reported total since 1984.
- *Salmonella* cases increased by 40% from 1997. A yearlong case-control study was conducted examining risk factors for sporadic *Salmonella*.
- *Vibrio* cases increased from 36 in 1997 to 57 in 1998. Of the 38 cases reporting underlying conditions, the most frequent were heart disease, diabetes, liver disease, and alcoholism.
- Twenty cases of St. Louis encephalitis (SLE) were reported from six parishes. Louisiana reported 77% of all SLE cases in the United States in 1998.
- Fifteen cases of Lyme Disease were reported in 1998, the highest number recorded in Louisiana since Lyme Disease was discovered in the mid-1970s.
- The number of hepatitis C cases reported in Louisiana decreased by 50% since 1997.
- The number of chlamydia cases reported increased 33% from 1997.
- Cases of tuberculosis in children have increased from 4 in 1994 to 20 in 1998, the majority from the New Orleans area.
- Based on aggregate laboratory data collected from 44 sentinel hospitals, 33% of the *Staphylococcus aureus* isolates identified were resistant to methicillin/oxacillin.



- Since 1993, about 50 new cases of HIV/AIDS have been identified in teenage females (ages 13-19) in Louisiana each year.
- *C. perfringens* caused an outbreak of gastroenteritis among persons attending a statewide conference.
- In the summer of 1998, 14 (70%) of a company lunch became ill with neurological and gastrointestinal symptoms. Aldicarb, a cholinesterase inhibitor pesticide, was mistaken for black pepper.
- Also in the summer of 1998, 63 guests who attended a wedding became ill after eating a commercially distributed rice dressing. *Salmonella infantis* was cultured from stool samples, randomly purchased rice dressing mix, and the production plant.
- Forty-seven cases of Shigella infection occurred in an outbreak that began in an elementary school. Eleven stool specimens tested positive for *Shigella sonnei*.

1998 and 1999 Disease Statistics

Please refer to the Vaccine Preventable Diseases, STDs, TB, and HIV/AIDS sections in "Chapter II: Morbidity."

Reports

The bimonthly *Louisiana Morbidity Report* and the *Epidemiology Annual Report* are published by the OFFICE OF PUBLIC HEALTH, INFECTIOUS EPIDEMIOLOGY PROGRAM. Both publications present information and statistics describing the status of reportable diseases in Louisiana.

C. SEXUALLY TRANSMITTED DISEASE (STD) AND HIV/AIDS SURVEILLANCE

Contracting a sexually transmitted disease can have serious consequences. For example, advanced (tertiary) syphilis can produce neurological, cardiovascular, and other terminal disorders, pelvic inflammatory disease, infertility, ectopic pregnancy, blindness, cancer, fetal and infant death, birth defects, and mental retardation.

The DEPARTMENT OF HEALTH AND HOSPITALS, through the OFFICE OF PUBLIC HEALTH'S STD CONTROL PROGRAM and the HIV/AIDS PROGRAM, conducts surveillance to determine the incidence and prevalence of STDs and HIV/AIDS, monitors STD and HIV/AIDS trends, collects data on the location and referral of persons with or suspected of having a STD for examination and early treatment, and conducts partner notification to limit the spread of the diseases.

1998 National Rankings

Nationally, Louisiana has a high ranking among the 50 states with regard to rates of sexually transmitted diseases (STDs) and HIV/AIDS.

- Primary and secondary syphilis rates in Louisiana fell from 2nd to 7th highest in the nation between 1995 and 1997. In 1998, however, the state ranking rose to 3rd highest.
- Gonorrhea rates rose from 10th highest in the nation in 1995 to 4th highest in 1998; chlamydia rates rose from 11th to 5th highest in the nation during the same time period. The rise in ranking for gonorrhea and chlamydia reflects an increase in the number of labs included in the state's STD surveillance system. This has resulted in the identification of cases that would not have been identified in the past.



- Louisiana's rank increased from 9th highest in 1997 to 7th highest in 1998 among states with the highest AIDS (Acquired Immunodeficiency Syndrome) rates. Among United States cities, New Orleans ranked 11th and Baton Rouge ranked 14th highest.

1998 and 1999 Disease Statistics

Please refer to the STDs and HIV/AIDS sections in "Chapter II: Morbidity."

Reports

The STD CONTROL PROGRAM and the HIV/AIDS PROGRAM maintain program databases, and generate specific reports and analyses by cause, location, and demographic factors for individuals, communities, and agencies. The HIV/AIDS PROGRAM also publishes the *HIV/AIDS Annual Report*, which is available to the public.

D. TUBERCULOSIS SURVEILLANCE

The Louisiana OFFICE OF PUBLIC HEALTH TB CONTROL PROGRAM conducts active surveillance for tuberculosis in the state. Regional staff interact with area physicians, hospitals, and laboratories in the course of their duties. All known or suspected cases of tuberculosis are investigated to assure that transmission of tuberculosis is contained.

Currently, TB Control in Louisiana is working with CDC to enhance surveillance activities. Improved methodology is being implemented to facilitate reporting and tracking.

1998-1999 Disease Statistics

Please refer to the Tuberculosis section in "Chapter II: Morbidity."

E. ALCOHOL & DRUG ABUSE PROGRAM: INTRAVENOUS DRUG USE TREATMENT AND STD, TB, AND HIV/AIDS SCREENING

National statistics show that more than 70 conditions requiring hospitalization, most notably cancer, heart diseases, and HIV/AIDS, have risk factors associated with substance abuse, and \$1 of every \$5 Medicaid spends on hospital care is attributable to substance abuse (Department of Health and Human Services, 1997 Fact Sheet). The same report shows that injecting drug use is the primary mode of transmission of HIV among women and is responsible for 71% of AIDS cases among women. The lifetime cost of taking care of one AIDS patient is approximately \$85,000.

Intravenous Drug Users Treatment

OFFICE FOR ADDICTIVE DISORDERS' policy gives Intravenous Drug Users (IDUs) statewide priority admission status to programs (contract and state) and treatment modalities. Block grant requirements mandate that IDUs be admitted to treatment programs within 14 days after request for admission, and be provided with interim services within 48 hours, if comprehensive care cannot be made available upon initial contact, with a waiting period of no longer than 120 days. OAD offers outreach services statewide using the Indigenous or Behavioral Model, or other outreach models. Activities include: education, prevention, condom distribution, clean needle demonstrations, medical evaluations and referrals.



STD, TB, and HIV/AIDS Screening

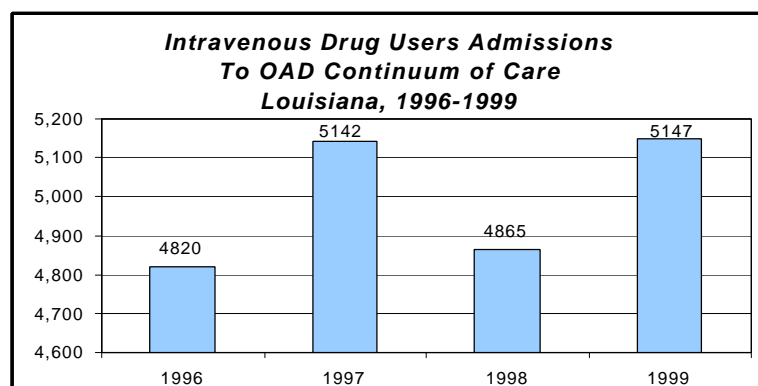
In addition to treatment of addiction problems, OAD makes available sexually transmitted disease (STD), tuberculosis, and HIV testing to each individual receiving treatment. Testing is offered, either directly or through arrangements with other public or nonprofit private entities, through a Qualified Service Organization Agreement (QSOA) and a Memorandum of Understanding (MOU) between the OFFICE OF PUBLIC HEALTH and OAD. This system includes the provision of the necessary supplies by the OFFICE OF PUBLIC HEALTH'S STD CONTROL, TB CONTROL, and HIV/AIDS PROGRAMS for on-site STD, TB, and HIV testing of OAD clients. Early intervention services include screening testing and pre- and post-test counseling. Individuals testing positive are referred to the OFFICE OF PUBLIC HEALTH Outpatient Clinics for further evaluation and appropriate testing. Upon a client being identified as an HIV patient in our system, he or she is referred to the local consortium and/or directly to the Charity Hospitals outpatient clinics, under the auspices of the OFFICE OF PUBLIC HEALTH. Besides referrals to public agencies, clients can be referred to other HIV supportive services that are available in the community. OAD utilizes this referral network to access additional services for substance abuse clients diagnosed with HIV/AIDS. The Office has established a working relationship with the referral entities and is able to monitor the needs of clients who have been referred. OAD also provides ongoing counseling to its clients regarding HIV prevention and treatment, self-help groups, and information and referral services.

OAD participates on the Statewide HIV Community Planning Group (SCPG) and two subcommittees at the regional level: Nominations and Special Needs. The goal of the statewide group is to develop a comprehensive plan for HIV prevention for the state. The committees include individuals with expertise in education, substance abuse, health, and public health; special populations with representatives from each region (who generally represent at-risk communities); and representatives from the DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS, EDUCATION, and OAD. The SCPG meets four times per year. Epidemiological data are collected, allowing public input via public forums to develop profile, target populations and strategies. Target populations identified by the statewide group for 1999 were African-American males who have sex with males, IDUs, prostitutes, incarcerated populations, and persons with STDs.

1998-1999 Program Statistics

Intravenous Drug Users (IDUs)

OAD Management Information System reports that there were 5,136 intravenous drug user (IDUs) admissions to the OAD continuum of care during SFY 1999, (17% of the total admissions), 4,865 during 1998 (18% of the total admissions), 5,142 admissions during SFY 1997 (20% of the total admissions) and 4,820 admissions for SFY 1996 (19% of the total admissions). These figures indicate that although actual numbers may vary, no significant fluctuations of the IDU's prevalence rate within the last four years are indicated.



Source: Office for Addictive Disorders

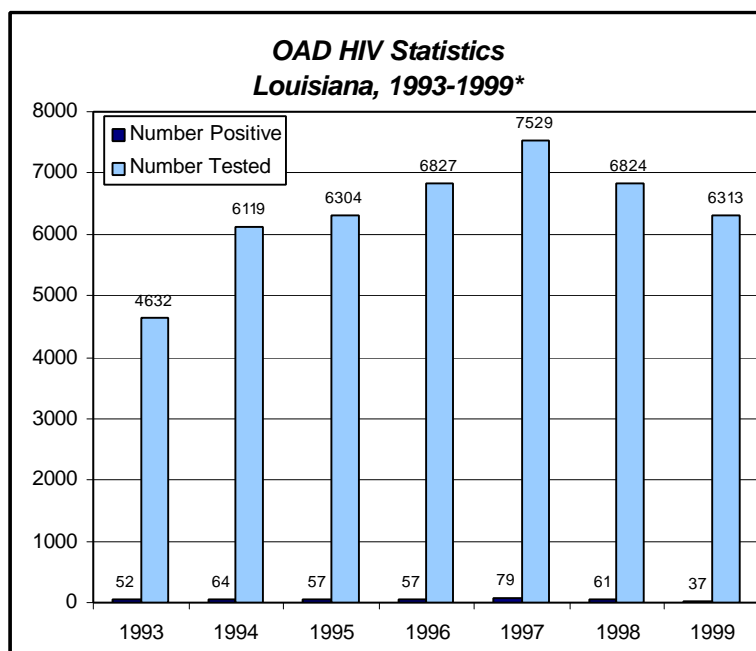


HIV/AIDS

The *Louisiana HIV/AIDS Annual Report* for 1998 ranks New Orleans 11th and Baton Rouge 14th in the nation in the number of documented AIDS cases. New Orleans stills leads the state in the number of HIV cases, but Baton Rouge has the highest number of **new** HIV cases.

Louisiana has an incidence of 19.5 cases per 100,000 population and because of this, Louisiana is a designated state for the purposes of block grant expenditure for HIV services (minimum of 5% of the total award).

The OFFICE OF PUBLIC HEALTH'S (OPH) summary of statistics for calendar year 1999 (figures for December 1999 were not available at the time of this report) shows that 6,313 individuals from OAD clinics were tested for HIV. Of this population, 37 (<1%) tested positive for the HIV virus. For the calendar year 1997, OPH tested 7,529 OAD clients for HIV and obtained 79 (1%) positive results. OPH data for the 1998 calendar year indicate that 6,824 OAD clients were tested for HIV, and only 61 (1%) were found to be HIV positive. These data reveal no significant changes in HIV positive findings since 1992.



*1999 figures are from January 1999 to November 1999

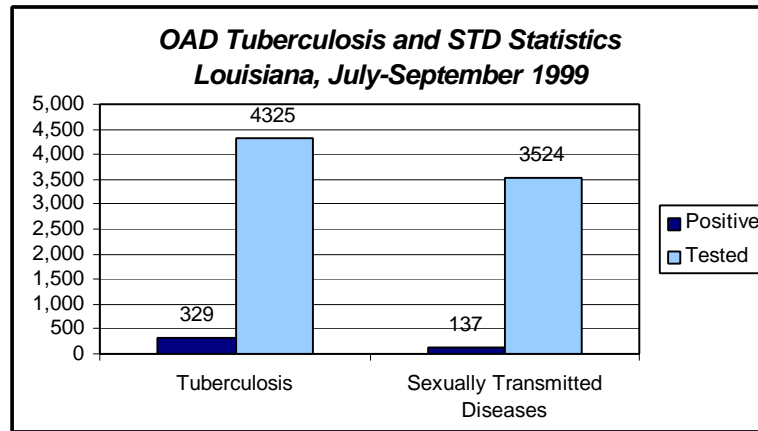
Source: Office for Addictive Disorders

Tuberculosis

Data generated during the first quarter of SFY 2000 (July-September, 1999) show a total of 4,325 tuberculosis tests conducted during that period with positive results obtained on 329 (8%) of clients tested (OAD Quarterly Report).

**STDs**

A total of 3,524 sexually transmitted disease tests were conducted during the first quarter of SFY 1999. Positive results were found in 137 (4%) individuals (OAD Quarterly Report).



Source: Office for Addictive Disorders

F. STATEWIDE CHILD DEATH REVIEW PANEL

The OFFICE OF PUBLIC HEALTH'S INJURY RESEARCH AND PREVENTION SECTION maintains a database on cases examined by the multidisciplinary, legislatively-mandated Statewide Child Death Review Panel. The Panel is currently charged with examining records for all unexpected deaths of children under age ten in the state to assure that proper investigation, follow-up, and prevention programs are in place.

Throughout 1999, the coordinator for the Panel worked to establish local death review panels. The purpose of local panels is to ensure the adequacy, completeness, and timeliness of investigations and data collection and to facilitate the translation of investigative findings into preventive actions.

Reports

An annual report of Panel findings is presented to the Legislature and is available to the public through the INJURY RESEARCH AND PREVENTION SECTION.

G. BRAIN AND SPINAL CORD INJURY REGISTRY

Injuries to the central nervous system are one of the most severe types of injury in terms of both human suffering and costs to society. The legislatively-mandated Brain and Spinal Cord Injury Registry collects information from all Louisiana hospitals on the demographics, types, causes, extents, risk factors, and outcomes of central nervous system injuries. This information is then used to generate prevention programs. Examples of prevention programs generated from these data include prevention of falls from deer stands, safe tackling practices for high school football players, and recommendations to make junior rodeo riding safer.

1997 Statistics

Please refer to the Traumatic Brain Injury section in "Chapter II: Morbidity."



Reports

OPH's INJURY RESEARCH AND PREVENTION SECTION produces an annual report, available to the public, based on the data from this registry.

H. INJURY SPECIFIC DEATHS DATABASE

The Injury Specific Deaths Database compiles death certificate information on all injury-related deaths in the state for the years 1986 to the present. This information is used to describe patterns in the occurrence of injuries in Louisiana, for both the education of the public and for guidance in the development of prevention programs.

Reports

The INJURY RESEARCH AND PREVENTION SECTION maintains this database and is able to generate specific reports and analyses by cause, location, and a variety of demographic factors for individuals, communities, or agencies.

I. BURN INJURIES

Hospitals are required by law to report severe burn injuries to the OFFICE OF THE STATE FIRE MARSHAL to assist in the identification of arsonists. In 1997, the INJURY RESEARCH AND PREVENTION SECTION entered into a partnership with the State Fire Marshall to provide a broader analysis of data that describe patterns of burn injuries in Louisiana.

Data on burn injuries in Louisiana are available for the years 1995 through 1998. The Section currently is conducting a case-control study to identify the risk factors for cooking burn injuries.

J. LOUISIANA ADOLESCENT HEALTH INITIATIVE

Begun in September of 1995 by the DHH, OFFICE OF PUBLIC HEALTH, the Louisiana Adolescent Health Initiative facilitates a coordinated, multi-disciplinary approach to adolescent health care, disease prevention and health promotion in the state. It provides an infrastructure to enable local communities to address adolescent health needs more effectively and efficiently.

The collection of data and dissemination of information is an essential part of the Initiative. Providing information on both adolescent health issues and on current adolescent health activities is a priority. The state public health office serves as a synthesizer and central repository for such information. The use of statewide teen health questionnaires and adolescent focus groups, coupled with the collection of adolescent health statistics, provides parents, communities, politicians, and policy makers with a clear picture of adolescent health in Louisiana. With technical assistance from the DHH, OFFICE OF PUBLIC HEALTH, regional and local communities are able to identify and prioritize teen health needs. OPH gives presentations on adolescent health to local communities and provides technical assistance to communities in the design, implementation, and evaluation of their community-based programs.

Currently, there are many state and local projects that emphasize different aspects of adolescent health. Some focus on teenage pregnancy or teen parenting, while others may focus on HIV/AIDS, tobacco control, conflict resolution, cardiovascular health, or on the maintenance of school-based health clinics. The Initiative allows for the planning, development,



implementation, and evaluation of these activities in a coordinated, collaborative fashion. In addition, it broadens the scope of cooperation to include the DHH OFFICES OF MENTAL HEALTH and ADDICTIVE DISORDERS, the DIVISION OF YOUTH DEVELOPMENT, and others. Such team-building efforts are necessary to merge the work of all agencies working with the common goal to ensure health and happiness for Louisiana's youth.

Results

Activities to date include:

- Produced and distributed the first edition of the *Louisiana Adolescent Data Book*, which consists of statistical data in the area of adolescent health, including emotional and social indicators
- Produced and distributed the *Louisiana Teen Pregnancy Prevention Directory* that includes a listing of statewide programs that provide counseling and medical services to help teens prevent pregnancy
- Produced statistical pamphlets for statewide distribution on the current health status of Louisiana adolescents
- Planned and coordinated the 1999 National Campaign to Prevent Teen Pregnancy Workshop in Louisiana
- Administered three quarterly statewide Adolescent Health Initiative Steering Committee Meetings
- Increased coordination with both internal DHH, OPH programs, and external agencies involved in public health and social welfare
- Collaborated with other state and national adolescent projects
- Provided technical assistance to community coalitions that are performing comprehensive adolescent activities
- Gave presentations on the Adolescent Health Initiative to national and statewide organizations
- Administered the Teens Talk 2000 Focus Group Project
- Served as an Adolescent specialist on various statewide adolescent Task Force's
- Placing highlights of the Adolescent Health Initiative in national (ASTHO) and local newsletters.

K. LaPRAMS

Overview

LaPRAMS is an on-going, population-based surveillance system designed to identify and monitor selected maternal behaviors that occur before and during pregnancy and during a child's early infancy. It is a joint effort between the OFFICE OF PUBLIC HEALTH and the CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC). The CDC, OPH VITAL RECORDS REGISTRY and STATE CENTER FOR HEALTH STATISTICS, and TULANE SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE provide technical assistance to LaPRAMS. The OPH FAMILY PLANNING and MATERNAL AND CHILD HEALTH programs provide all funding for the project.



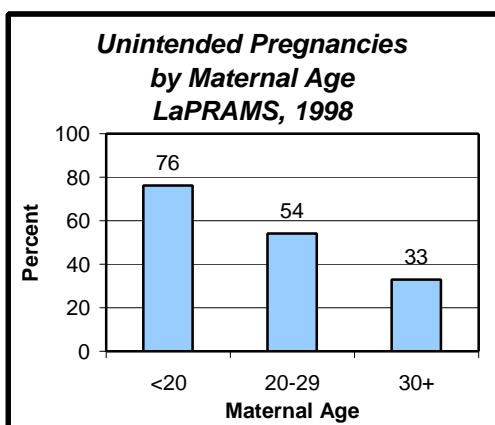
LaPRAMS data are collected by means of mail surveys and telephone interviews. Louisiana women who have had a recent live birth are randomly selected to participate in LaPRAMS. Since data collection was initiated in October of 1997, 7,404 women have been selected to receive the LaPRAMS questionnaire. Sixty-five percent of the women selected in 1997 completed the survey for 1997 births (first six months of data collection). Over 73% of the women selected in 1998 completed the survey for 1998 births (full year data). The average response rate for 1997-1998 was approximately 72%, a response rate that currently is maintained.

Information provided by LaPRAMS includes: medical and physical factors, socioeconomic status, prenatal maternal experiences and behaviors (cigarette smoking, alcohol use, and physical abuse), prenatal care counseling, use and barriers to prenatal care, content and quality of care, complications during pregnancy, birth control use before and after pregnancy, sources of prenatal care and payment of delivery, and postpartum maternal experiences and behaviors.

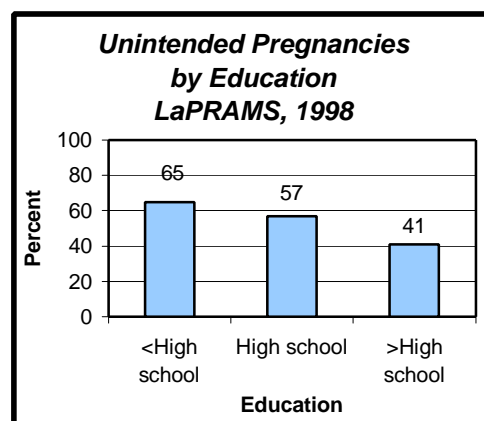
Results

The following findings are based on LaPRAMS 1998 data.

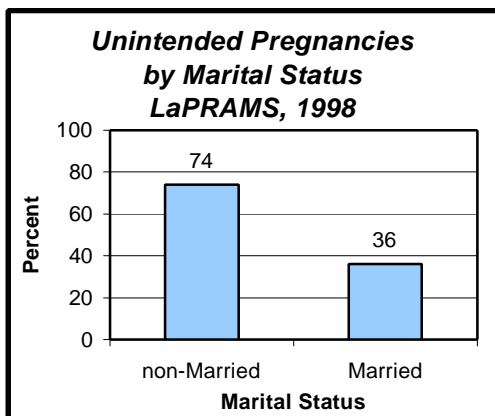
- *Unintended pregnancies*: Fifty-three percent of women reported that their pregnancies were unintended. Unintended refers to the timing of the pregnancy, i.e. whether the woman desired the pregnancy to be at some time in the future or not at all. The Healthy People 2000 target for unintended pregnancies is 30%. Socio-demographic factors associated with unintended pregnancies are shown below:



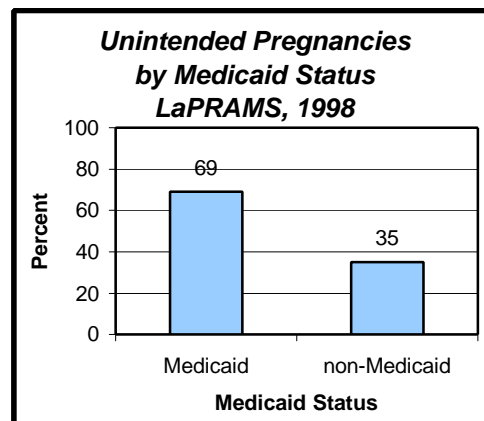
Source: Office of Public Health, LaPRAMS



Source: Office of Public Health, LaPRAMS



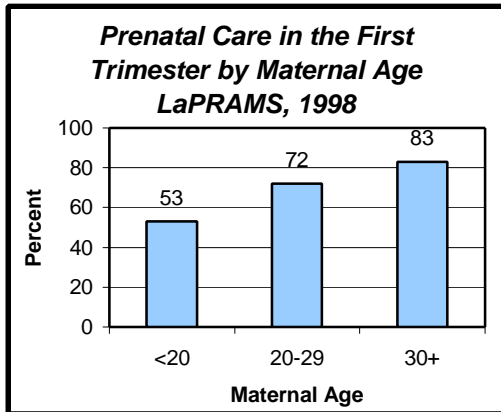
Source: Office of Public Health, LaPRAMS



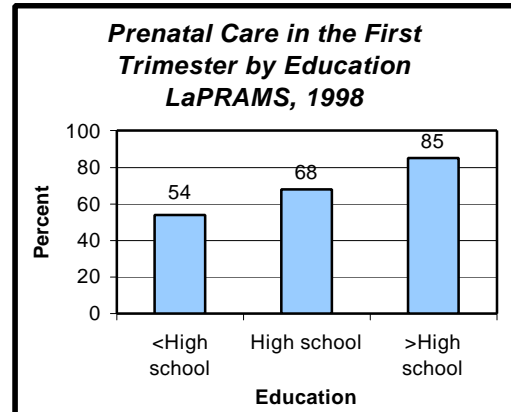
Source: Office of Public Health, LaPRAMS



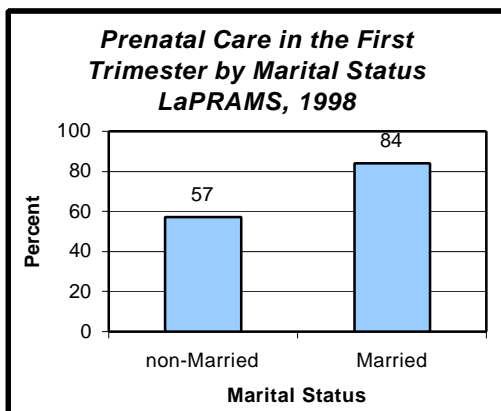
- **Early initiation of prenatal care:** Seventy-two percent of women reported initiation of prenatal care during the first trimester of their pregnancy. The Healthy People 2000 target for initiation of prenatal care in the first trimester is 90%. Socio-demographic factors associated with initiation of prenatal care in the first trimester are shown below:



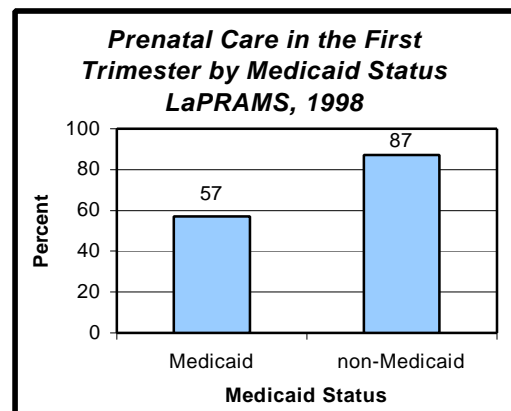
Source: Office of Public Health, LaPRAMS



Source: Office of Public Health, LaPRAMS



Source: Office of Public Health, LaPRAMS

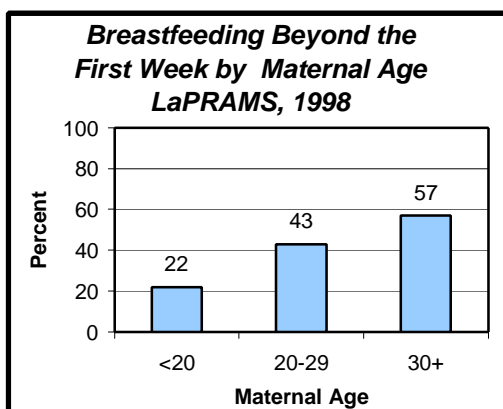


Source: Office of Public Health, LaPRAMS

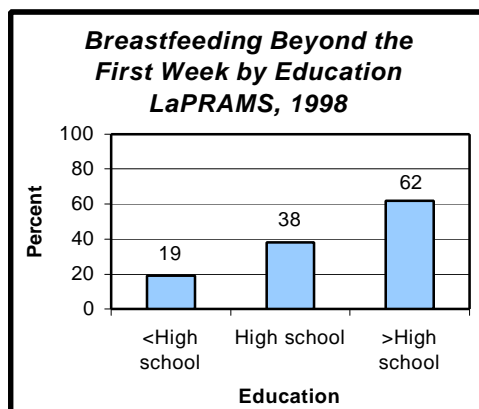
- **Cigarette smoking before, during, and after pregnancy:** In the three months prior to pregnancy, 35% of women reported that they had smoked. The percentage decreased during pregnancy to 14% but increased to 21% at 3-6 months after delivery, a level slightly lower than the pre-pregnancy rate. The Healthy People 2000 target for women who smoke is 15% and 10% for pregnant women.
- **Alcohol consumption before and during pregnancy:** Forty-three percent of women reported that they drank alcohol during the three months before pregnancy, and 5% reported that they drank alcohol during the last trimester of their pregnancy. The Healthy People 2000 target for pregnant women is 5%.
- **WIC participation:** Fifty-five percent of women reported being on WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children) during their pregnancy.
- **Medicaid Enrollment:** Eleven percent of women reported being on Medicaid at the beginning of their pregnancy. The percentage increased to 51% at delivery.



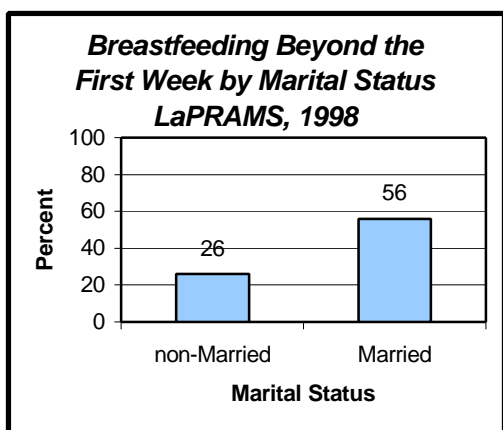
- **Low birth weight and intensive care:** Ten percent of births in Louisiana are low birth weight (below 2500 grams). The Healthy People 2000 target is 5%. Fifty-one percent of low birth weight infants were admitted to an Intensive Care Unit, compared with 9% of normal birth weight infants.
- **Breastfeeding:** Forty-three percent of women breastfed their infants beyond one week. Those who breastfed beyond one month dropped to 31%. The Healthy People 2000 target for breastfeeding during the early postpartum period is 75%. Socio-economic factors associated with breastfeeding beyond the first week are shown below:



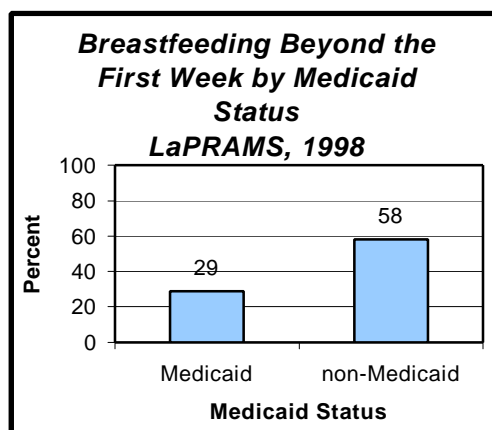
Source: Office of Public Health, LaPRAMS



Source: Office of Public Health, LaPRAMS



Source: Office of Public Health, LaPRAMS



Source: Office of Public Health, LaPRAMS

- **Infant sleep position:** Among women surveyed, 33% placed the baby on its back, 34% placed the baby on its side, and 33% placed the baby on its stomach. Research shows that placing a baby on the back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS).

Data from LaPRAMS will be used to supplement information from vital records and to generate information for planning and assessing perinatal health programs around the state. Findings from the data will also be used to develop programs designed to identify high-risk pregnancies. In addition, LaPRAMS data will enhance the understanding of maternal behaviors and the relationship between these behaviors and adverse pregnancy outcomes, such as low birth weight and infant mortality.



The LaPRAMS 1998 data analysis phase was recently initiated. During 2000, LaPRAMS data will be used to measure federal block grant performance indicators for both MATERNAL AND CHILD HEALTH and FAMILY PLANNING. A 1998 surveillance report will be provided to OPH program staff at the beginning of this year. This report will present OPH program administrators an important fundamental overview of maternal behaviors and experiences in Louisiana. It also will afford OPH programs the opportunity to identify future LaPRAMS analyses tailored to supply more detailed health information.

L. ORAL HEALTH ASSESSMENT

The effects of poor oral health can greatly impact the overall health of an individual. Poor oral health in children can have far-reaching results, including infection, absence from school, and malnutrition. The ORAL HEALTH PROGRAM OF THE OFFICE OF PUBLIC HEALTH, MATERNAL AND CHILD HEALTH PROGRAM, is charged with monitoring the oral health status of Louisiana's children.

Comprehensive Oral Health Needs Assessment

The ORAL HEALTH PROGRAM has several ongoing initiatives, one of which is a Comprehensive Oral Health Needs Assessment among Louisiana's children. This needs assessment uses data for successive years, gathered from two sources: survey data collected by the ORAL HEALTH PROGRAM and dental Medicaid claims data.

In 1997, information on primary oral health status was collected from a dental survey conducted in eight elementary and high schools with school-based health centers. In this survey, only 15.8% of all children examined were caries free, and 5.2% of the 17-18 year old population were caries free. Treatment urgency was determined after the full oral examination was completed: 21.9% of males examined and 18.8% of female students were in need of urgent care. Although a large proportion of the children, 75.2%, could benefit from the application of dental sealants, only 6.2% of all children had any sealants present.

M. ENVIRONMENTAL EPIDEMIOLOGY AND TOXICOLOGY

Louisiana ranks among the top states in the United States in the per capita production of hazardous wastes and in the amount of chemicals released into its water, air, and soil.

The OFFICE OF PUBLIC HEALTH, SECTION OF ENVIRONMENTAL EPIDEMIOLOGY AND TOXICOLOGY (SEET) promotes the reduction in disease morbidity and mortality related to human exposure to chemical contamination within the state of Louisiana. SEET oversees and responds to public health needs with regard to environmental health issues.

In recent years, there has been an increase in public awareness of the acute and chronic health effects of chemicals in the environment and a greater demand for SEET to investigate these effects. SEET attempts to address residents' concerns by:

- Identifying toxic chemicals in the environment that are likely to cause health effects
- Evaluating the extent of human exposure to these chemicals and the adverse health effects caused by these exposures
- Making recommendations for the prevention/reduction of exposure to toxic chemicals and the adverse health effects caused by these exposures



- Promoting a better public understanding of the health effects of chemicals in the environment and of the ways to prevent exposure.

Activities conducted by SEET include:

Epidemiological and Toxicological Investigations

- Public Health Assessments and Consultations (Toxic Site Assessments)
- Pesticide Exposures
- Disease Cluster Response
- Cancer Mortality Trend Analysis
- Mercury Blood Screening

Environmental Health Advisories (See “Chapter IV: Preventive Health Outreach Programs.”)

- Mercury in Fish

Environmental Health Education (See “Chapter IV: Preventive Health Outreach Programs.”)

- Methyl Parathion and Other Pesticides
- Mercury in Fish
- Health Professional Education
- Public Health Response for Chemical Spills

The projects described below in more detail are representative of those coordinated by SEET.

Public Health Assessments and Consultations

Health Assessors complete extensive Public Health Assessments or shorter Health Consultations for Superfund and other hazardous waste sites in Louisiana. The Public Health Assessment is an evaluation of all relevant environmental information, health outcome data, and community concerns around a hazardous waste site. It identifies populations potentially at risk and offers recommendations to mitigate exposures. A Health Consultation is a response to a request for information and provides advice on specific public health issues that could occur as a result of human exposure to hazardous materials. Based on the above documents, health studies, environmental remediation, health education, exposure investigation, or further research may be recommended.

There are currently 128 confirmed and 342 potential inactive and abandoned hazardous waste sites in Louisiana, according to the DEPARTMENT OF ENVIRONMENTAL QUALITY'S *1998 Annual Report*. SEET is evaluating the public health impact of 28 of these sites. Details concerning these activities can be obtained from SEET. SEET also (1) develops fact sheets and other handouts to help inform the local community about health issues around hazardous waste sites, (2) responds to individual's request for toxicological and medical information, and (3) makes presentations in public meetings and availability sessions around the state.

Ruston Foundry

Ruston Foundry is a 4.6-acre site located in Rapides Parish, Alexandria, Louisiana. It is an example of a site that SEET currently is evaluating. Ruston Foundry is an inactive and abandoned iron foundry that operated from 1908 until 1985. It engaged in foundry and machine shop activities, in the manufacturing, prefabrication, and repair of articles of steel, iron and other



materials. The site is adjacent to a residential area, and children frequented the site before a fence was installed.

In 1990, the LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY'S INACTIVE AND ABANDONED SITES DIVISION conducted an on-site investigation. Inorganic analysis of the soil samples revealed concentrations of up to 1,350 parts per million of lead on-site. Following additional EPA investigations, the site was proposed to the National Priorities List (NPL) in January 1999.

Heavy metals, especially lead, are the contaminants of concern for this site. Exposure to lead is a major health concern especially for young children, since it is particularly harmful to the developing brain and nervous system of the young child. Some investigators have reported decreases in the intelligence quotient (IQ) in children who have been exposed to lead.

Staff from SEET attended a public meeting in March 1999 to gather information. The initial release of a Public Health Assessment was completed January 19, 2000. A needs assessment was conducted in February 2000. Residents were contacted by door-to-door visits. Working with state and federal environmental agencies, SEET is currently reviewing on and off-site environmental data as they become available and will give public health recommendations based on our evaluation. These documents provide a public health opinion on the sites or concerns presented.

Sites Being Investigated by SEET as of 1/20/00

NPL Sites (Parish)

Agriculture St. Landfill (Orleans)

American Creosote (Winn)

Bayou Bonfouca (St. Tammany)

Bayou Sorrell (Iberville)

Central Wood Preserving (East Feliciana)

Cleve Reber (Ascension)

Combustion Inc. (Livingston)

D.L. Mudd, Inc. (Vermilion)

Delatte Metals (Tangipahoa)

Dutchtown Treatment (Ascension)

Gulf Coast Vacuum (Vermilion)

Madisonville Creosotes (St. Tammany)

Old Inger Oil (Ascension)

PAB Oil and Chemical (Vermilion)

Petro Processors (East Baton Rouge)

Southern Shipbuilding (St. Tammany)

Proposed for NPL

Gulf States Utilities (Calcasieu)

Lincoln Creosote (Bossier)

Marion Wood Preserving (Union)

Old Citgo Refinery (Bossier)

Ruston Foundry (Rapides)

Under Investigation

Anderson Island (Caddo)

Bayou d'Inde (Calcasieu)

Devil's Swamp (East Baton Rouge)

Grand Bois/Campbell Wells (LaFourche)

Marine Shale Processors (St. Mary)

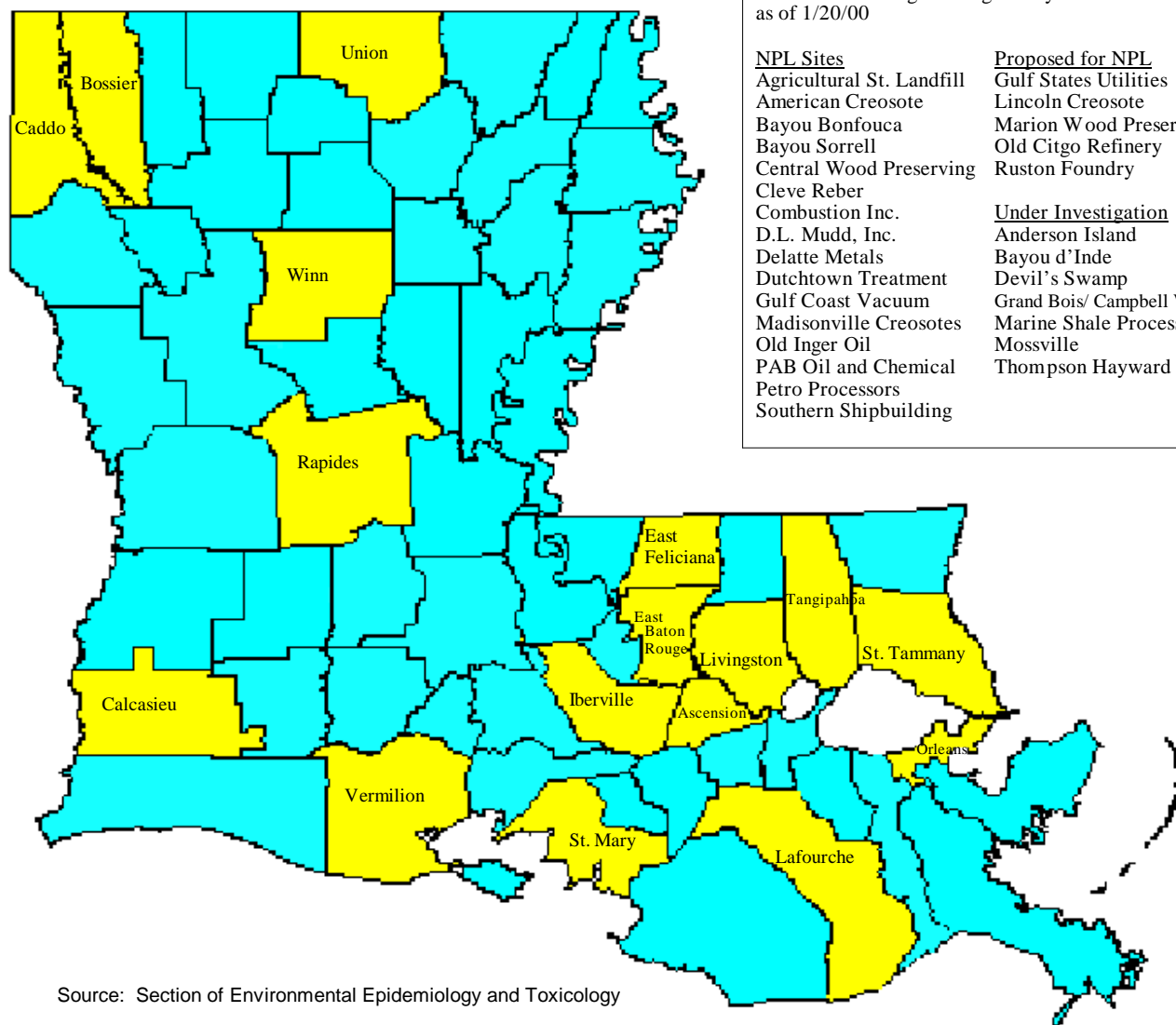
Mossville (Calcasieu)

Thompson Hayward (Orleans)

Calcasieu Estuary (Calcasieu)



Louisiana Parishes with Superfund and Selected Hazardous Waste Sites



Pesticide Exposures

SEET receives information on pesticide exposure events and the resulting individual health-related cases reported to the LOUISIANA DEPARTMENT OF AGRICULTURE AND FORESTRY. Staff obtain medical records when available and then review data about each case, including a complainant's statement, investigator's report, and any sample results. SEET also maintains a statewide pesticide hypersensitivity registry. When all data are reviewed, SEET's medical consultant makes a determination about the potential short- and long-term health effects in each case and sends a letter to the complainant with an explanation for this determination and, when appropriate, a recommendation to ameliorate the situation. Each case is classified as one of the following:



- Confirmed—adverse health effects resulting from a reported pesticide exposure are verified
- Likely—adverse health effects resulting from a reported pesticide exposure are likely
- Possible—adverse health effects resulting from a reported pesticide exposure are plausible
- Unlikely—adverse health effects resulting from a reported pesticide exposure are improbable
- Not related—adverse health effects resulting from a reported pesticide exposure are ruled out
- Asymptomatic—no adverse health effects were reported

1998-99 Pesticide Cases

There were 43 cases of reported health-related effects from 20 incidents of pesticide exposure events during the period of October 1, 1998 through September 30, 1999. Out of the 38 cases for which determinations have been made: 3 (8%) were confirmed, 7 (18%) were likely, 11 (29%) were possible, 8 (21%) were unlikely, 5 (13%) were not pesticide related, and 4 (11%) had no reported health effects. Five cases are currently under evaluation and await determination.

Pesticide complaints were made in 14 parishes. Parishes with two or more exposure incident events were Jefferson (3), Allen (2), St. Tammany (2), and East Baton Rouge (2).

Methyl Parathion

Louisiana's Methyl Parathion Program was part of a national program that involved federal agencies and other states such as Illinois and Mississippi. The program was in effect from November 1996 through July 1999. The Methyl Parathion Program was a statewide program created in response to a large number of homes in Louisiana that had been illegally sprayed with the insecticide methyl parathion. Methyl parathion is an organophosphate pesticide that is not licensed for indoor use; it is toxic to humans and other warm-blooded animals. Methyl parathion was illegally sprayed indoors to kill cockroaches and other pests, resulting in chronic exposure to a harmful pesticide for thousands of Louisiana residents, as well as residents in other states. The potential for human exposure created a statewide public health hazard that required the intervention of the U.S. ENVIRONMENTAL PROTECTION AGENCY, the AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY, the ARMY CORPS OF ENGINEERS, the LOUISIANA DEPARTMENT OF AGRICULTURE AND FORESTRY, and the LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS.

Using a pre-established protocol, indoor and biological sampling was conducted statewide. More than 1,800 homes were environmentally sampled; approximately 35% of these homes had methyl parathion contamination. Levels of methyl parathion ranged from 1 mcg/100cm² to 64,000 mcg/100cm²; the mean was approximately 400 mcg/100cm². One hundred seventy-two homes were renovated due to severe methyl parathion contamination.

Urine samples were collected from 1,246 residents and analyzed for para-nitrophenol (p-NP), a methyl parathion metabolite that can be detected in the urine within 24 hours after exposure. Approximately 35% of the individuals who were tested had elevated urinary p-NP levels. Creatinine-adjusted p-NP levels ranged from 1 to 8,600 ppb. Although there were no serious health effects reported, many residents complained of symptoms such as headaches, nausea, diarrhea, and dizziness.

In April 1997, an expert panel convened by ATSDR revised the protocol due to the absence of a site-specific correlation between environmental levels of methyl parathion and urine levels. The panel concluded that the best way to evaluate human exposure was to monitor urinary p-NP



values for one year at quarterly increments. Environmental data also revealed that the half-life of methyl parathion indoors was about 230 days. Based on these findings, ATSDR developed a new urine monitoring protocol basing action levels for renovation on p-NP values and not environmental levels. The new action levels resulted in the renovation of 12 houses. A final report is being prepared.

Methyl Parathion and Other Pesticides - Public Health Survey

In 1998, SEET began working on a health education project to assess the misuse of Methyl Parathion in Louisiana. The final report was completed in August 1999. Since many different types of pesticides are used across the state, SEET developed a questionnaire and administered it over the phone to 200 Louisiana residents to assess pesticide use behaviors that may pose risks to health. Survey results indicate that pesticide use around the home is very common in Louisiana. Several high risk behaviors identified were the use of outdoor pesticides to get rid of roaches or other pests inside the home (19%), not always reading the label before purchasing a new type of roach spray (50%), and receiving a pesticide in an unmarked jar or container from a neighbor, relative, or friend to use in the home (11%). Sixty percent of all respondents indicated that they store pesticides in unlocked cabinets near the floor or in cabinets under the sink, a risk factor for household pesticide poisoning in children.

Disease Cluster Response

SEET investigates citizens' reports of environmentally related disease clusters (such as cancer, and reproductive, neurological, and respiratory diseases) that may require regulatory or health interventions.

Coteau Childhood Leukemia

Public concern about childhood leukemia in the community of Coteau (Iberia Parish) was brought to the attention of SEET in May 1996. SEET has assessed the occurrence of childhood leukemia in the area of Coteau with the assistance of the LOUISIANA TUMOR REGISTRY. It has been determined that the incidence of childhood leukemia in Coteau is unusual, both spatially and temporally.

SEET began a population-based case-control study of childhood leukemia in a four parish area consisting of Iberia, Lafayette, St. Martin, and Vermilion parishes. These four parishes were selected as the study area to provide a larger number of cases and to increase the probability of including children from neighboring areas who may have spent time in Coteau even though they did not live there.

A case in the OPH study is defined as a child who was diagnosed with leukemia between January 1, 1983 and December 31, 1997 while living in Lafayette, Iberia, St. Martin, or Vermilion Parish. The child must have been born in one of the four parishes and must have been less than 15 years old at the time the leukemia was diagnosed. Information on children with leukemia has been obtained from the LOUISIANA TUMOR REGISTRY and the ACADIANA TUMOR REGISTRY. There are 31 known cases being investigated by SEET as of January 2000 in the four-parish area. Currently 22 of the cases have controls and SEET is in the process of identifying controls for the remaining 9 cases.

A detailed survey instrument (questionnaire) has been developed by SEET to identify risk factors associated with childhood leukemia. A qualified interviewer has been hired from the Lafayette area to conduct all interviews with cases and controls.

**Cancer Mortality Trend Analysis**

There has been concern for some time about whether industries along the Mississippi River between Baton Rouge and the Gulf of Mexico contribute to elevated lung cancer rates in the area. The LOUISIANA OFFICE OF PUBLIC HEALTH'S SECTION OF ENVIRONMENTAL EPIDEMIOLOGY AND TOXICOLOGY (SEET) is completing a trend analysis of the Lower Mississippi River corridor to provide more accurate information to address this concern. Cancer rates, demographic factors, and industrial development have been tracked over 30 years, from the 1960s to the 1990s.

Cancer Mortality

Preliminary analysis of the data reveals that most of the average annual age-adjusted mortality rates (1960-1993) are nearly equal for the urban portion of the study area and the study area as a whole (the Lower Mississippi River corridor). This is expected since the urban area had most of the population base (80%) of the entire eleven parish region. There were no statistically significant excesses or deficits of cancer deaths in the urban area as compared with the entire study area. However, lung cancer death rates for African-American males and Caucasian females in the urban area were higher than, but not significantly different from, the entire region. Most of the average annual age-adjusted mortality rates were nearly equal for the rural region when compared to the entire study area (1960-1993). Also in the rural region, stomach cancer was significantly elevated in African-American males, and lung cancer death rates for Caucasian males were higher than, but not significantly different from, the entire region.

Demographics

According to information obtained for the census years 1960, 1970, 1980, and 1990, more than 80% of the population in the study area has lived in the area since the 1960s, and more than 60% of that population is Caucasian. The African-American population in the study area has declined in rural areas and grown in urban areas. Median family income in the study area increased from \$4,720 in 1960 to \$29,512 in 1990. Since 1970, median family income increased by more than \$10,000.

Industrial Mapping

The industries in the Lower Mississippi River corridor are distributed into twelve clusters (three or more industries in each cluster) spread among seven of the eleven parishes. In the early 1950s there were 15 industries in the corridor; by 1994, there were 92. Manufacturing industries in the area with over ten employees were categorized according to the potential cancer risk they posed. Between 1988 and 1994, the number of industries emitting known human carcinogens dropped from 42 to 36.

Mercury Blood Screening

In 1998, 313 individuals from selected parishes in Louisiana participated in a blood mercury screening. Ninety-eight percent of the study participants were within an expected range of mercury blood levels. The remaining two percent of participants exhibited slightly elevated mercury levels and were advised to decrease fish consumption.

The outcome of this investigation is a health risk assessment to be conducted in 2000, which will assess the exposure status of subsistence fishermen and their families as it relates to blood mercury levels.



N. VITAL STATISTICS

Vital statistics data provide a body of information that serves as the foundation for monitoring the health of Louisiana's residents. These data are collected via birth, death, fetal death, abortion, marriage, and divorce certificates. Collection and processing of vital statistics information is the responsibility of the VITAL RECORDS REGISTRY, OFFICE OF PUBLIC HEALTH.

A large number of health status indicators rely on vital statistics data. These indicators include infant death rates, numbers of low birthweight infants, percentage of mothers lacking adequate prenatal care, teen birth rates, homicide and suicide rates, rates of death from AIDS and motor vehicle injuries, and many others. Vital statistics data are used in both the public and the private sectors to identify health needs in the population and to target effective health interventions. Vital statistics health status indicators also are an important component in measuring achievement of CENTERS FOR DISEASE CONTROL Healthy People 2000 and 2010 objectives.

The role of the STATE CENTER FOR HEALTH STATISTICS is to analyze vital statistics data and distribute findings to government programs, community organizations, universities, and interested members of the general public. The Center accomplishes this through publication of the annual *Louisiana Vital Statistics Report*, and through response to ad hoc requests for data and information. The Center also is responsible for compilation of information from DEPARTMENT OF HEALTH AND HOSPITALS programs to create the legislatively mandated annual *Louisiana Health Report Card*.

1998 Statistics

Please refer to "Chapter I: Population and Vital Statistics".

Reports

Reports and data tables published by the STATE CENTER FOR HEALTH STATISTICS, including the annual *Louisiana Health Report Card*, *Louisiana Vital Statistics Report*, and the *Louisiana Vital Statistics Overview*, can be viewed and downloaded by the public at our Internet web site (please refer to "Contact Information" at the end of this publication). The STATE CENTER FOR HEALTH STATISTICS also maintains databases of births, deaths, fetal deaths, abortions, marriages, and divorces, which it uses to respond to data requests from communities, agencies, and the general public through generation of ad hoc reports and analyses.

O. STATE HEALTH CARE DATA CLEARINGHOUSE

Act 622 of the 1997 Regular Legislative Session (LA R.S. 40: 1300.111 et seq.) defined the STATE HEALTH CARE DATA CLEARINGHOUSE as the agency responsible for the collection of health care and health industry-related data. In prioritizing the mandates of Act 622, the OFFICE OF PUBLIC HEALTH considered the various health information data streams already in existence and the data collection experiences of some 36 other states, and elected to focus its initial data collection efforts on hospital discharge data. For the most part, the targeted data are a natural by-product of hospital billing activity and are already widely available in a reasonably standard electronic format. The collection of these data will place the smallest additional burden on the state's medical care providers, while speaking directly to the legislatively recognized need to understand "patterns and trends in the availability, use, and charges for medical services."

Accordingly, the OFFICE OF PUBLIC HEALTH developed Rule LAC 48:V Chapter 151 in conjunction with an advisory panel composed of representatives of the health care industry,



academia, and state government. The Notice of Intent for Rulemaking was published in the July 1998 issue of the Louisiana State Register and the Final Rule was published in the October 1998 issue. The Rule specified the following guidelines: definition of the core Hospital Discharge Data elements to be reported to the OFFICE OF PUBLIC HEALTH in accordance with existing national and international data standards; development of standards of accuracy, quality, timeliness, economy, and efficiency for the provision of data; identification of the most practical methods of collecting, transmitting, and sharing data; and outlining of appropriate rules and regulations to ensure data confidentiality.

Activities to date include:

- Conducting a three-month telephone survey of approximately 180 Louisiana hospitals regarding their transmittal capacity and data availability.
- Providing information to all hospitals regarding regulations and submittal procedures by newsletter, telephone, and e-mail.
- Developing an Oracle 8 database repository to house the data securely.
- Developing, testing, and implementing a new software, the Hospital Inpatient Discharge Data Quality Assurance Tool (QAT). The primary purpose of the QAT is to improve both data quality and timeliness. The secondary purpose is to provide a simple data capture tool for hospitals that still have paper billing systems.
- Conducting training sessions for hospital staff in the use of the QAT.
- Developing a project management database in Microsoft Access that includes survey and hospital contact information, waiver and extension data, submission log, and error reporting.
- Currently receiving the fifth series of data submissions from hospitals for discharges occurring from July to September 1999. One hundred eighty-two licensed hospitals, housing 26,164 beds, participate in submission of data to the STATE HEALTH CARE DATA CLEARINGHOUSE. In the most recently concluded submission, which contained discharges occurring from April through June 1999, data submissions were received for 68% of the state's hospital beds, while 31% of the beds requested extensions and 1% of the beds invoked general waivers that exclude them from submitting data.
- Checking data for errors through use of the QAT, and providing the first set of error reports to the hospitals. This submission and error checking process helps hospitals to improve the quality of their data, especially with regard to future submissions.

The population-based health care data collection authorized by Act 622 offers Louisiana and its health care providers a first opportunity to plan and operate systematic intervention strategies that address the antecedents of death. The STATE HEALTH CARE DATA CLEARINGHOUSE is also planning to work with hospitals and other facilities across the state to develop a statewide hospital emergency room data system and other data sets to provide an even more complete picture of Louisiana health, and to address the urgent concerns of the increasing threat of bioterrorism.